

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ASAP LINEN

27220027-1

1. MONTH OF OCTOBER 1, 2008 THRU OCTOBER 31, 2008
2. Is Outlet # (8 digit) Correct? ☒ Y N N/A
3. Is average Total flow-gal.day stated in space provided? ☒ Y N N/A
4. Is max. Total flow-gal day stated in space provided? ☒ Y N N/A
5. Is method used to calculate water stated? ☒ Y N N/A
6. Are number of working days stated? ☒ Y N N/A
7. Are there any parameters which have exceeded PVSC Local Limits? Y ☒ N N/A
8. Is proper compliance/non-compliance statement provided? ☒ Y N N/A
9. Have correct number of samples been submitted? ☒ Y N N/A
10. Has PHC result been listed on MR-1 report? Y N ☒ N/A
11. Has sample number been reported in space provided? ☒ Y N N/A
12. Have all regulated parameters been listed on MR-1? ☒ Y N N/A
13. Has sample type been stated on MR-1? ☒ Y N N/A
14. Have all samples been taken during this reporting period? ☒ Y N N/A
15. Has NJDEPE certified lab been used? ☒ Y N N/A
16. Have analytical results been submitted on copies of Laboratory stationery? ☒ Y N N/A
17. Have results been written in space designated on MR-1? ☒ Y N N/A
18. Is correct method used to preserve samples stated on MR-1? ☒ Y N N/A
19. Has MR-1 been signed by authorized representative? ☒ Y N N/A
20. Has information been submitted on proper MR-1 form? ☒ Y N N/A
21. Remove Arsenic from report if sampling not required Y N ☒ N/A

C.Y.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ASAP LINEN

27220027

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 12/16/08 Date sent to user _____Date due back _____ Reviewer C.J.M.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

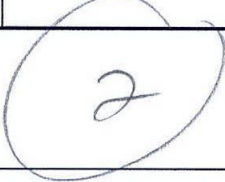
Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORTName: ASAP LINEN, INC.Mailing Address: 36 – 38 Iowa Avenue, Paterson, NJ 07503

DEC - 5 2008

Facility Location: 36 – 38 Iowa Avenue, Paterson, NJ 07503Category & Subpart: 9999 Outlet#: 1Contact Official: Mitchell Smith Telephone#: 973-684-7600NEW CUSTOMER ID / OUTLET ID: 27220027-1

MONITORING PERIOD								AVERAGE	MAXIMUM
10	1	2008	10	31	2008	Regulated flow-gal/day		N/A	N/A
MON	DAY	YR	MON	DAY	YR	Total Flow-gal/day		28,542	34,250
START			END			Method Used: Average total flow for Local Limits from incoming purchase water meter, minus 5% evaporation divided by 27 work days in month. Max = Avg + 20%.			
Parameter			Mass or Concentration			No. of Samples	Sample type		
			Mon Avg	Maximum	Units		Comp./grab		
Zinc	Sample measurement		0.079	N/A	"	1	Comp.		
	Permit requirement		1.67	N/A	"				
	Sample measurement								
	Permit requirement								
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PRETREATMENT MONITORING REPORT

Certification of Non-use (use additional sheets if necessary) As per approval by the PVSC,
ASAP Linen, Inc. is certifying non-use for Cadmium, Copper, Mercury, Nickel and Lead for this
month.

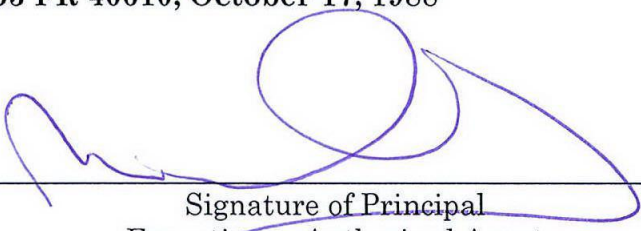
Compliance or non-compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used: ASAP Linen, Inc.. was in compliance with the PVSC Local
Metal Limits for self monitoring performed during the month and as presented in this report.

Explain Method for preserving samples:

Metal sample was a composite which was preserved with HNO₃ to pH < 2.0. All samples were
transferred to the laboratory in an ice filled cooler.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal
Executive or Authorized Agent

Michael Gates

Plant Manager
Type Name and Title

11-17-2008
Date

PVSC Form MR-1 Rev.5 3/91 P2

ASAP LINENS, INC. - LOCAL LIMIT MR-1: OCTOBER 2008

INDUSTRIAL METER READINGS	27 WORK DAYS IN MONTH
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3663480 Present Meter Reading

-3555030 Past Meter Reading

108450 Cubic Feet

x 7.48

811,206

x.95 (-5% Evaporation)770,646 Gallons for Outlet # 27220027-1

28,542 GPD = AVG TOTAL LOCAL LIMIT FLOW : OUTLET# 27220027-1
 27 | 770,646

28,542

x1.20 (MAX = AVG+20%)34,250 GPD = MAX TOTAL LOCAL LIMIT FLOW : OUTLET# 27220027-1



ANALYTICAL DATA REPORT

for
ASAP Linen
36-38 Iowa Ave.
Paterson, NJ 07503

Project Name: PVSC MONITORING
Lab Case Number: E08-11433

MDL = METHOD DETECTION LIMIT

< = LESS THAN THE MDL

Metals

Lab ID: 11433-001
 Client ID: 01
 Matrix-Units: Aqueous-mg/L
 Percent Moisture: 100

Date Sampled: 10/2/2008
 Time Sampled: 09:00
 Date Analyzed: 10/9/08

Parameter	Result	Q	MDL
Nickel	< 0.004		0.004
Zinc	0.079		0.008

General Analytical

Lab ID: 11433-001
 Client ID: 01
 Percent Moisture: 100

Date Sampled: 10/2/2008
 Time Sampled: 09:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	493	2.00	Aqueous-mg/L	10/3/2008 13:00
Total Suspended Solids	71.3	16.7	Aqueous-mg/L	10/7/2008 12:00

These data have been reviewed and accepted by:

Michael H. Leftin
 Michael H. Leftin, Ph.D.
 Laboratory Director

273 Franklin Road
 Randolph, NJ 07869
 Phone: 973 361 4252
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

PROJECT INFORMATION

Case No. **E08-11433**Project **PVSC MONITORING**

Customer ASAP Linen	P.O. #
Contact John Sabo	Received 10/3/2008 12:30
EMail ENVIRO43@aol.com <input type="checkbox"/> EMail EDDs	Verbal Due 10/17/2008
Phone	Report Due 10/24/2008
Fax 1(973) 633-7643	
Report To	Bill To
36-38 Iowa Ave.	Enviro-Comp
Paterson, NJ 07503	P.O. Box 3457
	Wayne, NJ 07474
Attn: John Sabo	Attn: John Sabo
Report Format Result Only	
Additional Info <input type="checkbox"/> State Form <input type="checkbox"/> Field Sampling <input type="checkbox"/> Conditional VOA	

Lab ID	Client Sample ID	Depth Top / Bottom	Sampling Time	Matrix	Unit	# of Containers
11433-001	01	n/a	10/2/2008@09:00	Aqueous	ug/L	2
Sample #	Tests	Status	QA Method			
001	Nickel - Ni	Run	200.8			
"	Zinc - Zn	Run	200.8			
"	BOD	Run	5210B			
"	TSS (Suspended)	Run	2540D			

INTEGRATED ANALYTICAL LABORATORIES, LLC

SAMPLE RECEIPT VERIFICATION

CASE NO: E 08

11433

CLIENT:

ASAP Linen

COOLER TEMPERATURE: 2° - 6°C: ☒

(See Chain of Custody)

Comments

COC: COMPLETE / INCOMPLETE

KEY

☒ = YES/NA☒ = NO

- ☒ Bottles Intact
- ☒ no-Missing Bottles
- ☒ no-Extra Bottles

- ☒ Sufficient Sample Volume
- ☒ no-headspace/bubbles in VOs
- ☒ Labels intact/correct
- ☒ pH Check (exclude VOs)¹
- ☒ Correct bottles/preservative
- ☒ Sufficient Holding/Prep Time¹

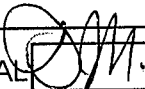
☐ Sample to be Subcontracted

¹ All samples with "Analyze Immediately" holding times will be analyzed by this laboratory past the holding time. This includes but is not limited to the following tests: pH, Temperature, Free Residual Chlorine, Total Residual Chlorine, Dissolved Oxygen, Sulfite.

ADDITIONAL COMMENTS:

SAMPLE(S) VERIFIED BY:

INITIAL



DATE

10/3/08

CORRECTIVE ACTION REQUIRED:

YES

☐

(SEE BELOW)

NO

☐

CLIENT NOTIFIED:

YES

☐

Date/ Time:

NO

☐

PROJECT CONTACT:

SUBCONTRACTED LAB:

DATE SHIPPED:

ADDITIONAL COMMENTS:

VERIFIED/TAKEN BY:

INITIAL

ES

DATE

10/3

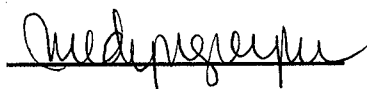
REV 02/05

Laboratory Custody Chronicle**IAL Case No.****E08-11433****Client** ASAP Linen**Project** PVSC MONITORING**Received On** 10/ 3/2008@12:30**Department: Metals**

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Nickel - Ni	11433-001	Aqueous	10/ 8/08	Lisa	10/ 9/08	Helge
Zinc - Zn	-001	Aqueous	10/ 8/08	Lisa	10/ 9/08	Helge

Department: Wet Chemistry

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
BOD	-001	Aqueous	n/a	n/a	10/ 3/08@13:00	Kris
TSS (Suspended)	-001	Aqueous	n/a	n/a	10/ 7/08	Kam

Review and Approval:

DROP DOWN BOXNON USE CERTIFICATION MONITORING REPORT
LOCAL LIMITSNAME: ASAP LINEN

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____ PERMIT # _____ OUTLET #: 27220027-1

CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____	Lead _____	Zinc _____	SAMPLE DATE		
Cadmium _____	Mercury _____		MONTH	DAY	YEAR
Chromium _____	Molybdenum _____		<u>10</u>	<u>02</u>	<u>08</u>
Copper _____	Nickel <input checked="" type="checkbox"/>				

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
<u>NICKEL</u>	Sample Measurement	<u>0.004</u>	<u>n</u>	<u>mg/l</u> <u>1</u>	<u>Comp.</u>
	Threshold Value	<u>0.02</u>			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
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